

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-14-04.

The IRO reviewed office visits, manual therapy techniques, therapeutic exercises, and therapeutic activities.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 11-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Codes 99213, 97530, and 97110 for date of service 8-9-04 had no EOB submitted by either party. The requestor did not submit convincing evidence of request for EOB as required by rule 133.307 (e)(2)(B). The respondent did not submit the missing EOB as required by rule 133.307(e)(3)(B). Therefore, no review and no reimbursement recommended.

The above Findings and Decision is hereby issued this 31st day of December 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP
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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 28, 2004

Re: IRO Case # M5-05-0959

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. MRI report lumbar spine 10/13/03

4. DDE 7/1/04
5. Report 6/17/04
6. Report 1/24/04
7. Electrodiagnostic report 6/10/04
8. Reports 5/17/04, 4/28/04

History

The patient injured his lower back in September 2003 when he was lifting 100 pound objects over his head. He has been evaluated with MRI and an electrodiagnostic study. He has been treated with medication, lumbar epidural steroid injections and chiropractic treatment.

Requested Service(s)

Physical medicine services, 97140, 97110, 97530, 99213 7/15/04 – 8/17/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

According to the records provided for this review, the patient had several months of conservative therapy prior to the date in this dispute without relief of symptoms or improved function. The 7/1/04 designated doctor's report indicated that the patient still had a VAS of 8/10, numerous positive orthopedic tests, restricted ROM's and hypoactive DTR's, indicating that the D.C.'s treatment had failed to be beneficial. The designated doctor recommended epidural steroid injections, scheduled for 7/15/04. Failed conservative therapy does not establish a medical rationale for further non-effective conservative therapy.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP